

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	5.2		08-06-01
O.I.P.E. CLASSIFIER	OK	52	8/15
FORMALITY REVIEW	SP	503	09-07-01
RESPONSE FORMALITY REVIEW		1027	02/04/02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Not selected  
 = ..... Allowed      I ..... Incomplete  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

EST AVAILABLE COPY

Claim	Date
Final Original	
1	5/19/03
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	N
11	N
12	N
13	N
14	N
15	N
16	N
17	N
18	N
19	N
20	N
21	N
22	N
23	✓
24	N
25	N
26	N
27	N
28	N
29	N
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	N
38	N
39	N
40	✓
41	✓
42	N
43	N
44	N
45	N
46	N
47	N
48	N
49	N
50	N

Claim	Date
Final Original	
51	5/19/03
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
60	✓
61	✓
62	N
63	N
64	N
65	N
66	N
67	N
68	N
69	N
70	N
71	N
72	N
73	✓
74	✓
75	✓
76	✓
77	✓
78	✓
79	✓
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83	✓
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91	✓
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100	✓

Claim	Date
Final Original	
101	
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If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

765/503

1030  
 02/04/02  
 1026  
 05/10/01